

If this is an application for renewal of your existing license, this application must be received in the office of the Department of Children's Services, or must be post marked on or before the date of expiration of the existing license. Failure to do so will preclude further operation of the agency upon expiration of the current license.

Please send the \$25.00 licensing fee for each license when you return the signed application. Please retain one copy for your file.

Send to: Tennessee Department of
Children's Services
Child Welfare Licensing
Cordell Hull Bldg., 9th Fl.
436 Sixth Avenue North
Nashville, TN 37243

APPLICATION

TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES

FOR A LICENSE

TO OPERATE A CHILD WELFARE AGENCY

_____ located at
(Name of Agency)

_____, _____, _____
(Street) (City) (Zip) (County)

hereby makes application for a license to operate a Child Welfare Agency as checked below:

- | | |
|--|-------------------------------|
| 1. Residential Child Care Agency _____ | 2. Child-Placing Agency _____ |
| 3. Maternity Home _____ | 4. Family Boarding Home _____ |
| 5. Group Care Home _____ | 6. Runaway House _____ |
| 7. Child Abuse Agency _____ | |

Mailing Address (Please provide if different than the above street address)

(Street/P.O. Box) (City) (State) (Zip)

Phone Number _____

Executive Officer

Date

Chairman of the Board